UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF ALASKA

KIMBERLY ALLEN, Personal Representative of the ESTATE OF TODD ALLEN, Individually, on Behalf of the ESTATE OF TODD ALLEN, and on Behalf of the Minor Child PRESLEY GRACE ALLEN,

Plaintiffs,

vs.

UNITED STATES OF AMERICA,

Defendant.

_____/

Case No. A04-0131 (JKS)

VIDEOTAPED DEPOSITION OF PATRICIA A. AMBROSE

Pages 1 - 93, inclusive

Tuesday, May 10, 2005, 9:03 a.m.

Anchorage, Alaska

Alaska Stenotype Reporters
511 West Ninth Avenue
Anchorage AK 99501-3520
Serving Alaska Since 1953

Rick D. McWilliams, RPR, Ret.
Fred M. Getty, RPR, Ret.

Telephone 907.276.1680
Email AkSteno@aol.com
Fax 907.276.8016

Exhibit – 1

Page 29

Q. So what's the -- we have been talking about triaging patients. And what -- what is triaging? What -- what is that?
A. See what they're there for and how bad they are and where they need to go; they can be seen quickly or if they can wait.
Q. Okay. And -- and every place that you've worked, that is, Seward General, the prison, and the Blackfoot Reservation, did they have triage policies at all of those places?
A. Yes.
Q. Okay. And what -- but what's the goal of triage? I mean, what's the purpose of it?
MR. GUARINO: Objection. Foundation. In general, at any specific hospital, assuming they're all the same at every -- every facility then?
MS. McCREADY: Well --
MR. GUARINO: I mean, where -- what's the context? You're asking her about the purpose at ANMC or you're just asking her --
MS. McCREADY: I'm asking about the purpose in general. This person has been a triage -- doing triage work since -- sounds like '92. And so --
MR. GUARINO: But it's not clear to me it's the same at all these different facilities but -- all

Page 30

right.
BY MS. McCREADY:
Q. Is it -- is it different at all these different places --
A. No. It's a standard.
Q. -- the goal of triage? Okay.
A. It's a nationwide standard.
Q. Okay. And -- and what is -- what's the goal of triage? Why is it important?
A. To see how fast they need to be seen.
Q. Okay. And why is that important?
A. To see -- I mean, it's like in a disaster: To see which ones are saveable and which ones aren't.
Q. Okay.
A. That's why they have it in disasters. That's where they started it.
Q. Okay. And when you say it's -- it's a national standard, is there some -- what do you mean?
A. There's five levels. It used to be three, and now there's five levels, to see where they can go.
Q. Okay. And what are those five levels?
A. The first one, they need to be seen now. Second one, they need to be seen almost as soon. The third one they can wait a little. The fourth they can wait, and the fifth they can wait quite a while.

Page 31

Q. Okay. And -- and you said it used to be three levels. When -- when was that?
A. When I first started.
Q. Okay. Has it been five levels for the last few years?
A. Yes.
Q. Has it -- was it this five-level triage system in 2003?
A. I believe so.
Q. Okay. How is the -- how's the ER at ANMC organized? I mean, does it -- I have taken some depositions in this case, so I understand that there's a UCC, urgent care center, and then there's an ER.
A. Yes.
Q. Is that how you understand it to be?
A. Yes.
Q. And was it like that in 2003?
A. Yes.
Q. Okay. What's the difference between the UCC, that is, the urgent care center -- and then is it -- is it -- is the other side of it called the ER or the --
A. Yes.
Q. And the ER. What's --
A. The urgent care, they can see them quick and

Page 32

get them out.
Q. The urgent care, they can see them quick and get them out?
A. Yes.
Q. Okay. All right. What are the other --
A. Quicker than --
Q. -- differences between the ER and the urgent care?
A. The time, usually.
Q. What do you mean?
A. Because we have a large patient population out there that come in every day, so they can see them quicker than we can.
Q. And when you say "quicker than we can," who -- who do you mean?
A. On the ER side.
Q. And when you say "we," do you generally work on the ER side?
A. It's all I work.
Q. And why is that, that -- that in -- in your opinion, that the people -- the urgent care center is for people to kind of get in and out?
A. That's why they planned it that way, so that we could see a larger population.
Q. Okay. And who staffs the urgent care

Page 33

center?
A. Nurse practitioners, the LPNs and -- what are the others called?
Q. Are they PAs?
A. PAs.
Q. Okay. And then who staffs the ER?
A. Doctors and registered nurses.
Q. Okay. So what's the difference in terms of time? You know, you have patients that come in --
A. Ours can sit there for hours.
Q. I'm sorry?
A. Our patients can sit there for hours.
Q. Okay. So would -- so then are the -- I'm just curious, because it sounds like, from the five levels -- and do you call those acuity levels?
A. Yes.
Q. Okay. So it seems like the people that would have to be seen now, according to your description, the UCC versus the ER, you would send them to the urgent care center?
A. No.
Q. No?
A. The ones that need to be seen now go to the doctor.
Q. Okay. I'm confused, because it sounds like

Page 34

the patients that go to the UCC are -- they're the people that you can get in and out. They can be --
A. Sore throats.
Q. -- seen right away. But it -- but it sounds like those are people that can be seen right away. That was my understanding of your description of the UCC.
A. No. They can get in quick and get out quick, because they go through them faster than we can, because our patients wait for lab tests and x-rays and whatever else they need.
Q. Okay. So if you would describe to me then the kinds of patients that -- and do you -- are you the one that makes the decision about whether or not a patient goes to the UCC versus --
A. If I'm triaging, yes.
Q. And let me finish my question. Are you the one that decides whether or not a patient goes to the UCC versus the ER?
A. If I'm triaging, yes.
Q. Okay. And were you doing that in 2003?
A. Yes.
Q. All right. And so how then do you determine -- I'm just curious, and let's go back to 2003 -- what kind of an analysis you would use to

Page 35

decide whether or not a patient's going to go to the UCC or the urgent -- the emergency room?
A. I look at them. If they look sick, they'll go to the other side.
Q. If they look sick, they'll go to the other side. And what's the other side?
A. The ER side. If they don't look that sick and they look like they can wait, they go to the UCC side.
Q. Okay. And how do you determine whether or not somebody looks sick?
A. Years of experience.
Q. Okay. Anything else?
A. Vital signs.
Q. Okay. What else?
A. Just their general appearance.
Q. Okay. Would their level of pain be something you would take into consideration in determining whether or not they're going to the ER, to the UCC?
A. If they look serious.
Q. "If they look serious." And what does that mean?
A. Because a lot of people come in with a sore throat, and say it's ten.

Page 36

Q. Okay. A lot of people come in with a sore throat, and they say it's a ten?
A. As they're giggling, yes.
Q. Okay. So how do you deter- -- well, first of all, let me ask you: Is -- is the level of pain reported by a patient something that you take into consideration in determining whether or not you're going to send them to the UCC or the -- to the ER?
A. It depends on how they look.
Q. Okay. So do you feel like you can look at a patient and tell what kind of level of pain they have?
A. You can watch them walk in and see, yes.
Q. Okay. So are there instances where somebody comes in with a pain level of ten, and you decide that they have got a pain level of two or three?
A. Yes.
Q. Okay. And are they generally patients that you personally know? Are they -- are they just -- is that just based on you looking at them for the first time that -- at that time?
A. It's just a feel.
Q. Okay. So -- so the pain level reported by the patient sounds like that's not something that you necessarily, you know, take into consideration --
A. All I know, they will tell you they have a